



ATTORNEY DOCKET NO. 22118.0002U2
PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
James Skinner) Art Unit: 3762
Application No. 10/767,861) Confirmation No. 2987
Filing Date: January 29, 2004) Examiner: George C. Manuel
For a: "METHOD AND SYSTEM FOR)
DETECTING AND/OR PREDICTING)
CEREBRAL DISORDERS")

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
999 Peachtree Street, Suite 1000
Atlanta, Georgia 30309
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- Amendment/Response
 Fee as calculated below
 No Additional Fee Required
 Corrected Drawings

- Petition to Extend Time
 Supplemental Declaration
 Terminal Disclaimer
 Other _____

| CLAIMS AS AMENDED | | | | | | |
|---|--|--|--|---|---|-------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| Total Claims | 25 | 22 | | 3 | X \$50.00 | \$150.00 |
| Independent Claims | 3 | 2 | | 1 | X \$200.00 | \$200.00 |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim | | | | | | |
| EXTENSION FEE | 1 st Month \$120 <input type="checkbox"/> | 2 nd Month \$450 <input type="checkbox"/> | 3 rd Month \$1020 <input checked="" type="checkbox"/> | 4 th Month \$1590 <input type="checkbox"/> | 5 th Month \$2160 <input type="checkbox"/> | \$1020.00 |
| <input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - | | | | | | - \$685.00 |
| TOTAL FEE DUE | | | | | | \$685.00 |

Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$685.00 for the fees designated below.
(Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.

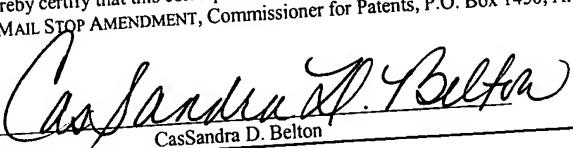


Charley F. Brown, Registration No. 52,658

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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.



Casandra D. Belton

5/15/06
Date